

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Steven St. Louis</u> Sign: <u>Stu St. Lou.</u>	Street: <u>3110 West Minnesota Ave</u> City: <u>Franklin</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franklin</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>551</u> Phone ()
2. Print: <u>Jeffrey Arnold</u> Sign: <u>Jeffrey Arnold</u>	Street: <u>2812 Sussex Lane</u> City: <u>Waukesha</u> Zip: <u>53188</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Waukesha</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Anthony E. Gierczak Jr</u> Sign: <u>Anthony E. Gierczak Jr</u>	Street: <u>11005 W. Cold Spring Rd</u> City: <u>Greenfield</u> Zip: <u>53228</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (4)
4. Print: <u>STEVEN MAIER</u> Sign: <u>Steven Maier</u>	Street: <u>10078 S. 31ST ST</u> City: <u>FRANKLIN</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FRANKLIN</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>IRENE Siwczuk</u> Sign: <u>Irene Siwczuk</u>	Street: <u>1519 S. 22nd STR.</u> City: <u>Milwaukee</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/5/2012</u> (Month) (Day) (Year)	Email Phone (9)

I, Mark Teske (Printed Name of Circulator), (certify): I reside at 2187 N. 53rd ST Milwaukee (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

1 / 5 / 2012
(Month) (Day) (Year)

Mark Teske
(Signature of Circulator)

Page No. 151851

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Madiso

Circulator
Please include

Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Amy Book</u> Sign: <u>Amy Book</u>	Street: <u>6100 West State St. apt 734</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email <u>abc</u> Phone ()
2. Print: <u>Tyrone Redwood</u> Sign: <u>Tyrone Redwood</u>	Street: <u>7600 W MADISON</u> City: <u>WEST ALLIS</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WEST ALLIS</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Cara Dombkowski</u> Sign: <u>Cara Dombkowski</u>	Street: <u>24169 N Frederick</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Kevin Kline</u> Sign: <u>Kevin Kline</u>	Street: <u>17936 W. Rogers Dr.</u> City: <u>New Berlin</u> Zip: <u>53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Kim Burns</u> Sign: <u>Kim Burns</u>	Street: <u>2038A N 56th St.</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email () Phone ()

I, Mark Teske (Printed Name of Circulator) (certify): I reside at 2187 N. 53rd ST (Circulator's Residence - Street Name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011
(Month) (Day) (Year)

Mark Teske
(Signature of Circulator)

Page No. (Official Use Only)

151852

Circulator
Please include

Phone

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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Rebekah Stollenberg</u> Sign: <u>[Signature]</u>	Street: <u>11013 W. Meinecke #2</u> City: <u>Wauwatosa</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email: <u>be</u> Phone: <u>()</u>
2. Print: <u>Laura Elleseg</u> Sign: <u>Laura Elleseg</u>	Street: <u>5619 W Cleveland Ave</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: <u>41</u> Phone: <u>()</u>
3. Print: <u>John Gleason Teske</u> Sign: <u>[Signature]</u>	Street: <u>1655 N. Arlington Pl.</u> City: <u>Milwaukee</u> Zip: <u>53202</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: <u>(41)</u> Phone: <u>()</u>
4. Print: <u>Margaret Gleason</u> Sign: <u>Margaret Gleason</u>	Street: <u>6430 W. Freistadt Rd</u> City: <u>Mequon</u> Zip: <u>53092</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mequon</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
5. Print: <u>MARY GLEASON</u> Sign: <u>Mary Gleason</u>	Street: <u>1655 N. Arlington Pl.</u> City: <u>Milwaukee</u> Zip: <u>53202</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: <u>mar</u> Phone: <u>(41)</u>

1. Mark Teske (Printed Name of Circulator) (certify): I reside at 2187 N. 53rd St (Circulator's Residence - Street Name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 21 / 2011
(Month) (Day) (Year)
Mark Teske
(Signature of Circulator)

Page No. 151853

Circulator
Please Include

Phone

419

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>Anne Leahy</u> Sign: <u>Anne Leahy</u>	Street: <u>407 W Dayton St.</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)

Certification of Circulator

I, JILL BAKKEN, (certify) I reside at 8 JANE ST.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.9.13(3)(a), Wis. Stats.

11 / 18 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

151854

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Marvel Reischl</u> Sign: <u>Marvel Reische</u>	Street: <u>100 COURT ST APT 1004</u> City: <u>OSHKOSH WI</u> Zip: <u>54901</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>OSHKOSH</u> (Municipality Name)	<u>01/09/2012</u> (Month) (Day) (Year)
2. Print: <u>Tara Gutierrez</u> Sign: <u>Tara Gutierrez</u>	Street: <u>505 Madison St #4</u> City: <u>Oshkosh</u> Zip: <u>54901</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oshkosh</u> (Municipality Name)	<u>01/11/2012</u> (Month) (Day) (Year)
3. Print: <u>Ronald Hale</u> Sign: <u>Ronald Hale</u>	Street: <u>720 Spruce St</u> City: <u>Winneconne WI</u> Zip: <u>54986</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Winneconne</u> (Municipality Name)	<u>01/11/2012</u> (Month) (Day) (Year)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)

1. Bernadine C Stagg (certify): I reside at 6488 S Hwy 45 Oshkosh
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Tn of Black Wolf
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12.13(3)(a), Wis. Stats.

01/14 2012
(Month) (Day) (Year)

Bernadine C Stagg
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Emily Eck</u> Sign: <u>[Signature]</u>	Street: <u>21655. 60th #4</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email: <u>eck</u> Phone: <u>(</u>
2. Print: <u>Margaret Lancelot</u> Sign: <u>Margaret Lancelot</u>	Street: <u>2553 S. Howell Ave</u> City: <u>Milwaukee, WI</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/12/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(</u>
3. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>(</u>
4. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>(</u>
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>(</u>

Certification of Circulator

I, Vanessa L. Lomas, (certify): I reside at 4131 W. Martin Dr #203
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 14 / 2012
(Month) (Day) (Year)
Vanessa L. Lomas
(Signature of Circulator)

Page No. (Official Use Only)
151856

Return to
Committee
PO Box 2
Madison,

Circulators,
Please include your

Phone
(414
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 25
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Art Gerhardt</u> Sign: <u>Art Gerhardt</u>	Street: <u>W7142 Explorer Dr.</u> City: <u>Fond du Lac</u> Zip: <u>54937</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fond du Lac</u> (Municipality Name) CB	<u>12/9/2011</u> (Month) (Day) (Year)	Email <u>agerhardt</u> Phone <u>(920)</u>
2. Print: <u>Samantha Heinstreet</u> Sign: <u>Samantha Heinstreet</u>	Street: <u>1740 Lombard Ave</u> City: <u>Oshkosh</u> Zip: <u>54902</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oshkosh</u> (Municipality Name) CB	<u>12/13/2011</u> (Month) (Day) (Year)	Email <u>shein</u> Phone <u>(920)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email _____ Phone ()

I, Claire Broussard (Printed Name of Circulator)
 Certification of Circulator
 (certify): I reside at 701 W 4th Ave (Circulator's Residence - Street Name and Number)

City of Oshkosh (Circulator Municipality)

Circulators.
Please include your c

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.43(3)(a), Wis. Stats.

1 / 14 / 2012
(Month) (Day) (Year)

Claire Broussard
(Signature of Circulator)

Page Number
151857

Phone
(920)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

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1. Print: Brent Roper Sign: <i>[Signature]</i>	Street: 603 Janesville St City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon (Municipality Name)	11/21/2011 (Month) (Day) (Year)	Email: Phone: ()
2. Print: Robert Roper Sign: <i>[Signature]</i>	Street: 603 Janesville St City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon (Municipality Name)	11/21/2011 (Month) (Day) (Year)	Email: Phone: ()
3. Print: Deanna Udelhofen Sign: <i>[Signature]</i>	Street: 531 S. Washington City: Lancaster Zip: 53813	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lancaster (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Email: Phone: ()
4. Print: Keith Tiedt Sign: <i>[Signature]</i>	Street: W3586 Buol Rd. City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Belleville (Municipality Name)	11/26/2011 (Month) (Day) (Year)	Email: Phone: ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	1/20____ (Month) (Day) (Year)	Email: Phone: ()

I, Jesse Allhands (Printed Name of Circulator), (certify): I reside at 190 Prairie View St (Circulator's Residence - Street Name and Number) Village of Oregon (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.17(1)(a), Wis. Stats.

1 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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151858

Circulators.
Please include your co

Phone

Email

SCOTT WALKER RECALL PETITION

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: Yasmeen Pasha Sign: <i>[Signature]</i>	Street: 404 Whispering pines way City: Fitchburg, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Email Phone (
2. Print: Larry Pasha Sign: <i>[Signature]</i>	Street: 201 N. High Point Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Email Phone (
3. Print: HASSAN PASHA Sign: <i>[Signature]</i>	Street: 306 EAST BLUFF City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Email Phone (608
4. Print: Terrence Fields Sign: <i>[Signature]</i>	Street: 4622 Treichel ST. City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Phone (
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Semmi Pasha, (certify): I reside at 306 East Bluff Madison 53704
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)

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Circulators,
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>William Sterne</u> Sign: <u>[Signature]</u>	Street: <u>409 Pawling St. # 3</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)
2. Print: <u>James Sterna</u> Sign: <u>[Signature]</u>	Street: <u>5733 Kroncke Dr</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)
3. Print: <u>Tyler Galloway</u> Sign: <u>[Signature]</u>	Street: <u>225 DeMilo Way</u> City: <u>Madison</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)
4. Print: <u>Dan W. Griffith</u> Sign: <u>[Signature]</u>	Street: <u>317 1/2 N. Rutland Ave.</u> City: <u>Brooklyn, WIS.</u> Zip: <u>53521</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brooklyn</u> (Municipality Name)	<u>1/14/2012</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)

Certification of Circulator

I, William Sterne, (certify): I reside at 409 Pawling St. # 3
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Miyad Safari-Shad	Miyad Safari-Shad	1070 Reddy Drive	Platteville	1/13/2012
Kiana Rafienegjad	Kiana Rafienegjad	1070 Reddy Drive	Platteville	1/13/2012
3.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, ERIK BAL, (certify): I reside at 344 W Dayton St #1501 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Erik Bal
(Signature of Circulator)

Page No. 151861
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Louis Bonneske	<i>Louis Bonneske</i>	Street: 2628 State Hwy 42 City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	12/7/2011 (Month) (Day) (Year)
2. Keith Kugler	<i>Keith Kugler</i>	Street: 1802 S. 25th St. City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	12/7/2011 (Month) (Day) (Year)
3. Claude Conter	<i>Claude Conter</i>	Street: 5112 Danmar Rd City: Whitelaw Zip: 54247	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kossuth	12/7/2011 (Month) (Day) (Year)
4. Andrew Blatz	<i>Andrew Blatz</i>	Street: 1834 Platt St. City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	12/7/2011 (Month) (Day) (Year)
5. Eric K Meisner	<i>Eric K Meisner</i>	Street: 7416 Homestead Rd City: Whitelaw Zip: 54247	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Manitowoc Rapids	12/7/2011 (Month) (Day) (Year)
6. Steve Schenian B.	<i>Steve Schenian B.</i>	Street: 16118 W. Hillcrest Rd City: Reedsville Zip: 54230	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Reedsville	12/9/2011 (Month) (Day) (Year)
7. Tra, Fischer	<i>Tra, Fischer</i>	Street: 932 S. 20 City: Manitowoc WI Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	12/9/2011 (Month) (Day) (Year)
8. JAY GOOMAN	<i>Jay Goodman</i>	Street: 1624 Hillcrest Dr. City: Mtwc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mtwc	12/13/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Jonathan Jung, (certify): I reside at 436 N. 6th St. Manitowoc
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/14/2012
(Month) (Day) (Year)

Jonathan Jung
(Signature of Circulator)

Page No. (Official Seal)
151862

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mark Mark L. Pringle	<i>[Signature]</i>	Street: 251 E. Main St. City: Chilton Zip: 53011	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Chilton	01/13/2012 (Month) (Day) (Year)
2. Leslie E. Corbin	<i>[Signature]</i>	Street: 827 Indian Creek Dr. City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	01/14/2012 (Month) (Day) (Year)
3. Timothy P. Corbin	<i>[Signature]</i>	Street: 827 Indian Creek Dr. City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	01/14/2012 (Month) (Day) (Year)
4. Adam Richter	<i>[Signature]</i>	Street: 3131 Southbrook Ct. City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	1/14/2012 (Month) (Day) (Year)
5. Bree A.L. Richter	<i>[Signature]</i>	Street: 3131 Southbrook Ct. Apt 1109 City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	1/14/2012 (Month) (Day) (Year)
6. Narvin Braun		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7. MARVIN BRAUN	<i>[Signature]</i>	Street: 1260 LAKE CATO DR City: Reedsville Zip: 54230	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CATO	1/14/2012 (Month) (Day) (Year)
8. KAY BRAUN	<i>[Signature]</i>	Street: 1260 LAKE CATO DRIVE City: Reedsville Zip: 54230	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CATO	1/14/2012 (Month) (Day) (Year)
9. Connie Casper	<i>[Signature]</i>	Street: 3122 Lindbergh Dr City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	1/14/2012 (Month) (Day) (Year)
10. JOSEPH MEIDL	<i>[Signature]</i>	Street: 206 N CALUMET DR City: VALDERS Zip: 54245	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City VALDERS	1/14/2012 (Month) (Day) (Year)

Certification of Circulator

I, Sherrie Francar, (certify): I reside at 1136 So. Lake St Manitowoc
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 14 / 2012
(Month) (Day) (Year)

Sherrie Francar
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Sandra Roeck	Sandra L Roeck	Street: 319 Fremont St. City: Kiel Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Amy Zimmerman	Amy Z. Zimmerman	Street: W9288 Lefebvre Ct. City: St. Cloud Zip: 53079	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Russell	11/30/2011 (Month) (Day) (Year)	Email Phone ()
3. Gretchen Tompson	Gretchen L. Tompson	Street: 2011 Markham St. City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	1/14/2012 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Gretchen L. Tompson, (certify): I reside at 2011 Markham St Manitowoc
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Gretchen L. Tompson
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sarah Arenz	<i>Sarah Arenz</i>	Street: 19505 Baer Road City: Valders Zip: 54245	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eaton	11/22/2011 (Month) (Day) (Year)
2. JAMIE ARENZ	<i>Jamie Arenz</i>	Street: 19505 BAER ROAD City: Valders Zip: 54245	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eaton	11/22/2011 (Month) (Day) (Year)
3. Dave Arenz	<i>Dave Arenz</i>	Street: 86 River View City: Kiel WI Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	11/22/2011 (Month) (Day) (Year)
4. Paula Arenz	<i>Paula Arenz</i>	Street: 86 River View Rd City: Kiel WI Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	11/22/2011 (Month) (Day) (Year)
5. Theresa Brosnan Schuler	<i>Theresa Brosnan Schuler</i>	Street: 10733 Greendale Rd City: Kiel WI Zip: 53042	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schleswig	1/7/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Sarah Arenz, (certify): I reside at 19505 Baer Road Eaton
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011
 (Month) (Day) (Year)

Sarah Arenz
 (Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kristine M. Jaeckel	<i>Kristine M. Jaeckel</i>	Street: 519 Broadway St City: Kiel WI Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	1/11/2012 (Month) (Day) (Year)
2. Julius Siech	<i>Julius Siech</i>	Street: 3514 Gregory Dr. City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/11/2012 (Month) (Day) (Year)
3. MARK LAPEAN	<i>Mark E. Lapan</i>	Street: N4020 Vantreck TRAIL City: SHEBOYGAN FALLS Zip: 53085	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LIMA	1/11/2012 (Month) (Day) (Year)
4. Jody L. Lapan	<i>Jody L. Lapan</i>	Street: N4020 Vantreck Tr City: Sheboygan Falls D.B. WI Zip: 53085	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LIMA	1/11/2012 (Month) (Day) (Year)
5. MARION GRAUMANN	<i>Marion Graumann</i>	Street: N6653 Rio Rd City: SHEBOYGAN FALLS Zip: 53085	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SHEBOYGAN FALLS	1/11/2012 (Month) (Day) (Year)
6. Steve Graumann	<i>Steve Graumann</i>	Street: N6653 Rio Rd City: Sheboygan Falls WI Zip: 53085	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan Falls	1/11/2012 (Month) (Day) (Year)
7. DARRELL STRYSICK	<i>Darrell Stryick</i>	Street: W4138 ST. RD. 28. City: Sheboygan Falls, WI Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan Falls D.B.	1/11/2012 (Month) (Day) (Year)
8. DONALD SCHULTZ	<i>Donald Schultz</i>	Street: 436 Fandora Fox Ave City: Sheboygan Falls WI Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan Falls D.B.	1/11/2012 (Month) (Day) (Year)
9. RUTH C. RUSSELL	<i>Ruth C. Russell</i>	Street: 820 N 9th APT. 104 City: SHEBOYGAN Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/11/2012 (Month) (Day) (Year)
10. Michael Shapiro	<i>Michael Shapiro</i>	Street: 6830 SUNSET RD. City: Kohler Zip: 53049	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kohler	1/11/2012 (Month) (Day) (Year)

Certification of Circulator

I, Dave BOUCHER (Name of Circulator), (certify): I reside at 717 N. 38th ST. (Circulator's Residence - Street name and Number) Sheboygan (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 2012
(Month) (Day) (Year)

Dave Boucher
(Signature of Circulator)

Page No. (Official Use Only)

151866

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gerald Turzinski	<i>Gerald Turzinski</i>	Street: 2231 N 27th Pl City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/11/2012 (Month) (Day) (Year)
2. Wayne Hoffmann	<i>Wayne Hoffmann</i>	Street: 17736 Wagner Road City: Kiel, WI Zip: 53042	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schleswig	1/11/2012 (Month) (Day) (Year)
3. Debra Hoffmann	<i>Wayne Hoffmann</i>	Street: 17736 Wagner Road City: Kiel, WI Zip: 53042	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schleswig	1/11/2012 (Month) (Day) (Year)
4. GARY P DEHNE	<i>Gary P Dehne</i>	Street: 6215 CTH F City: NEWTON WI Zip: 53063	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CENTERVILLE	1/11/2012 (Month) (Day) (Year)
5. Steven Ditter	<i>Steven Ditter</i>	Street: 235 LEAVENS AVE City: SHEBOYGAN FALLS Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan Falls	1/11/2012 (Month) (Day) (Year)
6. Cynthia Ditter	<i>Cynthia Ditter</i>	Street: 235 Leavens Ave City: Sheboygan Falls, WI Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan Falls	1/11/2012 (Month) (Day) (Year)
7. RICHARD A. KRUEGER	<i>Richard A. Krueger</i>	Street: N6035 COUNTY M City: SHEBOYGAN FALLS Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SHEBOYGAN FALLS WISC.	1/11/2012 (Month) (Day) (Year)
8. Joanne Meives	<i>Joanne Meives</i>	Street: W3285 Cty FF City: Sheboygan Zip: 53083	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	1/11/2012 (Month) (Day) (Year)
9. CHARLES W MEIVES	<i>Charles W Meives</i>	Street: W3285 Cty FF City: SHEBOYGAN Zip: 53083	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HERMAN	1/11/2012 (Month) (Day) (Year)
10. AIF EHRENBREICH	<i>Aif Ehrenbreich</i>	Street: R-1731 1507A Union Ave City: SHEBOYGAN Zip: WI 53082	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (CITY) SHEBOYGAN	1/11/2012 (Month) (Day) (Year)

Certification of Circulator

I, Dave BOUCHER (Name of Circulator) (certify): I reside at 717 N. 38th St. (Circulator's Residence - Street name and Number) Sheboygan (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 2012
(Month) (Day) (Year)

Dave Boucher
(Signature of Circulator)

Page No. (Official Use Only)

151867

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MIKE DARBANT	<i>Mike Dabant</i>	Street: 1225 WASHINGTON AVE City: SHEBOYGAN, WI. Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1 / 13 / 20 (Month) (Day) (Year)
2. Yvonne Dabant	<i>Yvonne Dabant</i>	Street: 1225 Washington Ave City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1 / 13 / 2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Dave Boucher (Name of Circulator), (certify): I reside at 717 N. 38th ST. (Circulator's Residence - Street name and Number) Sheboygan (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)

Dave Boucher
(Signature of Circulator)

Page No. (Official Use Only)
151868

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10. of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeffrey Bruggink	<i>Jeffrey Bruggink</i>	Street: 2118 N 8th St City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/11/2012 (Month) (Day) (Year)
2. Janette Bruggink	<i>Janette Bruggink</i>	Street: 2118 N 8th St City: Sheboygan, WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/11/2012 (Month) (Day) (Year)
3. Marvin Hahn	<i>Marvin Hahn</i>	Street: 915 Broadway apt #36 City: Sheboygan Falls WI Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan Falls	1/12/2012 (Month) (Day) (Year)
4. CHARLES W DANKOW	<i>CW</i>	Street: 2112 NEW JERSEY AV City: SHEBOYGAN Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SHEBOYGAN	1/12/2012 (Month) (Day) (Year)
5. Dorothy Slattery	<i>Dorothy Slattery</i>	Street: 1119 Ashland Ave City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/12/2012 (Month) (Day) (Year)
6. Jeanne Bruns	<i>Jeanne Bruns</i>	Street: 2125 Koning Ct. City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/12/2012 (Month) (Day) (Year)
7. JOHN C. BRUNS	<i>John C Bruns</i>	Street: 2125 Koning Ct #53083 City: SHEBOYGAN WI Zip: 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/12/2012 (Month) (Day) (Year)
8. Janette Higley	<i>Janette Higley</i>	Street: W 4504 Cty - N City: WALDO Zip: 53093	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lyndon	1/13/2012 (Month) (Day) (Year)
9. Gary A. Higley	<i>Gary A. Higley</i>	Street: W 4504 Cty N City: WALDO Zip: 53093	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lyndon	1/13/2012 (Month) (Day) (Year)
10. John Ambrosio	<i>John Ambrosio</i>	Street: N9379 Franklin Rd City: Elkhart Lake WI Zip: 53020	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	1/13/2012 (Month) (Day) (Year)

Certification of Circulator

I, Dave Boucher (Name of Circulator) (certify): I reside at 717 N. 38th St. (Circulator's Residence - Street name and Number) Sheboygan (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 120 / 12
(Month) (Day) (Year)

Dave Boucher
(Signature of Circulator)

Page No. (Official Use Only)
151863

151869

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Howell	<i>[Signature]</i>	Street: 2335 N 3rd City: Sheboygan WI Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan D.B.	1/13/2012 (Month) (Day) (Year)
2. Mary Yang Myong	<i>[Signature]</i>	Street: 2432 N. 25th St City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/13/2012 (Month) (Day) (Year)
3. Len Lee	<i>[Signature]</i>	Street: 2432 N. 25th St City: Sheboygan, WI Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/13/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Dave Boucher, (certify): I reside at 717 N. 38th St. Sheboygan
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)

Dave Boucher
(Signature of Circulator)

Page No. (Official Use Only)
151870

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10. of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tami Mayer	Tami Mayer	Street: 835 Crystal Rd. City: Kiel Zip: 53042	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	1 / 11 / 2012 (Month) (Day) (Year)
2. Laurie S. Schwartz	Laurie S. Schwartz	Street: 13902 Nennig Ct City: KIEL WI Zip: 53042	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schlwig	1 / 11 / 2012 (Month) (Day) (Year)
3. Lee Matthews	Lee Matthews	Street: 9817 Old 151 Rd. City: Manitowoc WI Zip: 54220	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc Rapids	01 / 11 / 2012 (Month) (Day) (Year)
4. Erin McNally	Erin Kay McNally	Street: 1404 Wisconsin Ave City: New Holstein WI Zip: 53061	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Holstein	1 / 11 / 2012 (Month) (Day) (Year)
5. Terry Wadel	Terry Wadel	Street: N 673 St 67 City: Plymouth WI Zip: 53073	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Plymouth	1 / 11 / 2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

Certification of Circulator

I, Val Jean O marcoe (Name of Circulator), (certify): I reside at 14433 Hy 42 (Circulator's Residence - Street name and Number) Town meeme (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012 (Month) (Day) (Year)

Val Jean O marcoe (Signature of Circulator)

Page No. (Official Use Only)

151871

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Steven McIntosh	<i>Steven McIntosh</i>	Street: N 8009 Hwy 42 City: Shiocton Zip: 53087	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Franklen	01/10/2012 (Month) (Day) (Year)	Email Phone
2. Eileen Lallensack	<i>Eileen Lallensack</i>	Street: 12722 Pt Creek Rd City: Newton Zip: 53063	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Meeme	1/10/2012 (Month) (Day) (Year)	Email Phone
3. Vicki P. Nimmer	<i>Vicki P. Nimmer</i>	Street: 412 412 Clay St. City: Kiel Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	1/10/2012 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Val Jean D Marcoe, (certify): I reside at 14433 Hwy 42 Town Meeme
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Val Jean D Marcoe
(Signature of Circulator)

Page No. (Official Use Only)
151872

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DAWN A. MARCOE	<i>Dawn A. Marcoe</i>	Street: 14433 Hwy. 42 City: Newton Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MEEME	12/15/2011 (Month) (Day) (Year)
2. Gavin J. Marcoe	<i>Gavin J. Marcoe</i>	Street: 14433 Hwy. 42 City: Newton Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Meeme	12/17/2011 (Month) (Day) (Year)
3. JERRY M. QUICK	<i>Jerry M. Quick</i>	Street: 312 W MAIN ST City: ST NAZIANZ Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ST NAZIANZ	12/20/2011 (Month) (Day) (Year)
4. Nancy Archambeau	<i>Nancy Archambeau</i>	Street: 14416 42 City: Newton Zip: 53063	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Meeme	1/9/2012 (Month) (Day) (Year)
5. Ian Quinn	<i>Ian Quinn</i>	Street: 11831 CH XX City: Newton Zip: 53063	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Meeme	1/9/2012 (Month) (Day) (Year)
6. Eugene Hickman	<i>Eugene Hickman</i>	Street: 11915 Meeme Road City: Newton Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Meeme	1/9/2012 (Month) (Day) (Year)
7. ROBERTA JOHNSON	<i>Roberta Johnson</i>	Street: 1609 Van Buren Circle City: Howards Grove Zip: 53083	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Howards Grove	1/10/2012 (Month) (Day) (Year)
8. Keith A. Weber	<i>Keith A. Weber</i>	Street: 710 Audubon Rd City: Howards Grove Zip: 53083	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Howards Grove	1/10/2012 (Month) (Day) (Year)
9. Matt C. Vollmer	<i>Matt C. Vollmer</i>	Street: 126 S. Wisconsin Dr. City: Howards Grove Zip: 53083	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Howards Grove	1/10/2012 (Month) (Day) (Year)
10. Velma Klokow	<i>Velma Klokow</i>	Street: 501 N. Lincoln Dr. City: Howards Grove Zip: 53083	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Howards Grove	1/10/2012 (Month) (Day) (Year)

Certification of Circulator

I, Val Jean D Marcoe, (certify): I reside at 14433 Hwy 42 Town Meeme
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Val Jean D Marcoe
(Signature of Circulator)

Page No. (Official Use Only)
151873

Circulator
Ph
Em

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nicole Carmody	<i>Nicole Carmody</i>	Street: 1623 Saemann Ave City: Sheboygan WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/12/2012 (Month) (Day) (Year)
2. Mary E. Werner	<i>Mary E. Werner</i>	Street: 336 Clement Ave City: Sheboygan WI Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/13/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, Patrick Kirchner (Name of Circulator), (certify): I reside at 2224 N. 7th St. (Circulator's Residence - Street name and Number) Sheboygan (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 20 12
(Month) (Day) (Year)

Patrick Kirchner
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Chad Willie	<i>Chad Willie</i>	Street: 737 W Lorville Blvd City: Redgranite Zip: 53970	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Lorville	12/11/2011 (Month) (Day) (Year)
2. Krystal Remaker	<i>Krystal Remaker</i>	Street: 1668 Shawano Ave #10 City: Green Bay Zip: 54303	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Green Bay	12/11/2011 (Month) (Day) (Year)
3. Ken Spielbauer	<i>Ken Spielbauer</i>	Street: 114 1/2 N. Superior City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	12/12/2011 (Month) (Day) (Year)
4. Darlene Shuck	<i>Darlene Shuck</i>	Street: 317 Appleton St. #9 City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	12/12/2011 (Month) (Day) (Year)
5. Kenneth Prey	<i>Kenneth Prey</i>	Street: 909 N Superior City: Appleton WI Zip: 54944	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	12/12/2011 (Month) (Day) (Year)
6. ALYCE MANGAN	<i>Alyce Mangan</i>	Street: 125 Cimarron Ct H City: OshKosh Zip: 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OshKosh	12/18/2011 (Month) (Day) (Year)
7. Jim Mangan	<i>Jim Mangan</i>	Street: 125 Cimarron City: OshKosh Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OshKosh	12/18/2011 (Month) (Day) (Year)
8. Elaine Wilson	<i>Elaine Wilson</i>	Street: 1913 Jefferson St City: OshKosh Zip: 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OshKosh	12/31/2011 (Month) (Day) (Year)
9. Mathew Miller	<i>Mathew D. Miller</i>	Street: 1026 Cherry St. City: OshKosh WI Zip: 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/21/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Mathew Miller (Name of Circulator), (certify): I reside at 1026 Cherry St. OshKosh (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/12 2012
(Month) (Day) (Year)

Mathew D. Miller
(Signature of Circulator)

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151875
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Steen Kasper	<i>Steen Kasper</i>	Street: 412 Pine St City: Sheboygan Falls Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan Falls	1 / 12 / 2012 (Month) (Day) (Year)
2. S		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

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I, E. JOAN HENNESSY (Name of Circulator), (certify): I reside at 418 PINE ST (Circulator's Residence - Street name and Number), SHEBOYGAN FALLS (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

January (Month) 12 (Day) 2012 (Year)

E. Joan Hennessy (Signature of Circulator)

Page No. (Official Use Only)
151876

Circulator
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Julie Neitzke	<i>Julie Neitzke</i>	Street: 924 Jessie Ln. City: Random Lake Zip: 53075	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Random Lake	11/16/2011 (Month) (Day) (Year)
2. ANDREW KRUEGER	<i>Andrew Krueger</i>	Street: 1122 N HOLDEN ST City: PORT WASHINGTON Zip: 53074	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Port Washington	11/17/2011 (Month) (Day) (Year)
3. Karen Krueger	<i>Karen Krueger</i>	Street: 1122 N. Holden St City: Port Washington Zip: 53074	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Port Washington	11/17/2011 (Month) (Day) (Year)
4. Carolyn Goldsmith	<i>Carolyn Goldsmith</i>	Street: 1208 Nelson Dr. City: Port Washington Zip: 53074	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Port Washington	11/17/2011 (Month) (Day) (Year)
5. DENNIS GOLDSMITH	<i>Dennis Goldsmith</i>	Street: 1208 NELSON DR City: PORT WASHINGTON Zip: 53074	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Port Washington	11/17/2011 (Month) (Day) (Year)
6. Heidi V. Matera	<i>Heidi V. Matera</i>	Street: 4633 N. Bartlett Ave. City: Whitefish Bay Zip: 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Whitefish Bay	11/20/2011 (Month) (Day) (Year)
7. Michael V. Matera	<i>Michael V. Matera</i>	Street: 4633 W. Bartlett Ave City: Whitefish Bay Zip: 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Whitefish Bay	11/20/2011 (Month) (Day) (Year)
8. Megan Neitzke	<i>Megan Neitzke</i>	Street: 513 Brentwood Ct City: Port Washington Zip: 53074	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Port Washington	12/19/2011 (Month) (Day) (Year)
9. William J. MEYER	<i>William J. Meyer</i>	Street: 3515 N. 33rd St. City: SHEBOYGAN WI Zip: 53083	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	12/19/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Megan Neitzke, (certify): I reside at 513 Brentwood Ct Port Washington
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011
(Month) (Day) (Year)

Megan Neitzke
(Signature of Circulator)

Page No. (Official Use Only)
151877

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Ronald W. Halverson	<i>Ronald W. Halverson</i>	Street: 1527 Castle Avenue City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/18/2011 (Month) (Day) (Year)
2. Patricia A. Halverson	<i>Patricia A. Halverson</i>	Street: 1527 Castle Avenue City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/18/2011 (Month) (Day) (Year)
3. Cindy Kalkopf	<i>Cindy Kalkopf</i>	Street: 1725 S 23rd City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/23/2011 (Month) (Day) (Year)
4. Michelle Blockland	<i>Michelle Blockland</i>	Street: 3428 N. 10th City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/23/2011 (Month) (Day) (Year)
5. Troy Gerstner	<i>Troy Gerstner</i>	Street: 2701 Whispering Winds Drive City: Sheboygan Zip: 53081	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	11/23/2011 (Month) (Day) (Year)
6. Cheryl Gerstner	<i>Cheryl Gerstner</i>	Street: 2701 Whispering Winds Dr. City: Sheboygan Zip: 53081	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wilson	11/24/2011 (Month) (Day) (Year)
7. Christine Boldt	<i>Christine Boldt</i>	Street: 5707 Wind Dancer Ct. City: Sheboygan Zip: 53081	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of Wilson	12/2/2011 (Month) (Day) (Year)
8. Jeff Kainz	<i>Jeff Kainz</i>	Street: 3629 W. 35th St City: Sheboygan WI Zip: 53083	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	1/10/2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Cheryl Gerstner, (certify): I reside at 2701 Whispering Winds Dr. Sheboygan
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 06 / 2012
(Month) (Day) (Year)

Cheryl Gerstner
(Signature of Circulator)

Page No. (Official Use Only)
151878



Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Bradely A. Wieck	<i>Bradely A. Wieck</i>	Street: 1924 South 8th Street City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/19/2011 (Month) (Day) (Year)
2. Jennifer Helen	<i>Jennifer Helen</i>	Street: 800 Leland Ave City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/19/2011 (Month) (Day) (Year)
3. Chrystal Wieck	<i>Chrystal Wieck</i>	Street: 1924 S 8th St City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/19/2011 (Month) (Day) (Year)
4. Zachary Plett	<i>Zach Plett</i>	Street: 2605 Indiana Ave City: Sheboygan WI Zip: 53081	<input checked="" type="checkbox"/> Town Wilson <input type="checkbox"/> Village <input type="checkbox"/> City	11/21/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Shari Roehl, (certify): I reside at 600 Indian Mound Rd. Sheboygan
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Shari Roehl

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

1314 White Pine Dr.
Eagle River, 54521

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. SHAWN Klingforth	(Absentee voter) <i>Shawn Klingforth</i>	Street: 5401 ARZEC AVE #134 City: 29 PALMS CA Zip: 92277	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Eagle River	Dec/25/2011 (Month) (Day) (Year)
2. Teresa S. Y. Sprenger	<i>Teresa S. Y. Sprenger</i>	Street: 1309 W Washington Ave City: Cleveland Zip: 53015	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cleveland	1/5/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Teresa S. Y. Sprenger, (certify): I reside at 1309 W. Washington Ave. Village of Cleveland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan / 5 / 2012
(Month) (Day) (Year)

Teresa S. Y. Sprenger
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Susan Caine	<i>Susan Caine</i>	Street: 533 Upper Road City: Kohler WI Zip: 53044	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kohler	1/13/2012 (Month) (Day) (Year)
2. Heidi Bulitz	<i>Heidi Bulitz</i>	Street: 502 Church St. City: Kohler WI Zip: 53044	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kohler SC	1/13/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Phone

I, Susan Caine (Name of Circulator) Susan Caine (Circulator's Residence - Street name and Number) certify: I reside at 533 Upper Road Kohler (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2013
(Month) (Day) (Year)

Susan Caine
(Signature of Circulator)

Page No. (Official Use Only)
151881



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeff Swoverland	<i>Jeff Swoverland</i>	Street: W4098 Cty Rd U City: Plymouth WI Zip: 53073	<input checked="" type="checkbox"/> Town Lima <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. Chris Koch	<i>Chris Koch</i>	Street: 923 Dillingham Ave City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/16/2011 (Month) (Day) (Year)
3. Jolene Swoverland	<i>Jolene Swoverland</i>	Street: W4098 Cty Rd U City: Plymouth Zip: 53073	<input checked="" type="checkbox"/> Town Lima <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)
4. TINA BERTI	<i>Tina Berti</i>	Street: 722 S. 22nd St. City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/17/2011 (Month) (Day) (Year)
5. Joel Zitzloff	<i>Joel Zitzloff</i>	Street: 905 Davenport Rd City: Plymouth Zip: 53073	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Plymouth	11/17/2011 (Month) (Day) (Year)
6. Sharon Zitzloff	<i>Sharon Zitzloff</i>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7. Sharon Zitzloff	<i>Sharon Zitzloff</i>	Street: 303 Plymouth St City: Plymouth Zip: 53073	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Plymouth	11/24/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Swoverland, (certify): I reside at Plymouth W 4098 Cty U Plymouth
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 1-9- / 2010
(Month) (Day) (Year)

Jeff Swoverland
(Signature of Circulator)

Page No. (Official Use Only)
151882

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John L. Hiebing	<i>John L. Hiebing</i>	Street: 312 Wis. AVE. City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/28/2011 (Month) (Day) (Year)
2. CECELIA HIEBING	<i>Cecelia Hiebing</i>	Street: 312 WISCONSIN AVE City: SHEBOYGAN, WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/28/2011 (Month) (Day) (Year)
3. Adam Wakefield	<i>Adam Wakefield</i>	Street: 2730 Lakeshore drive City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/28/2011 (Month) (Day) (Year)
4. Mark Gensch	<i>Mark Gensch</i>	Street: 130 Columbine Ln City: Sheb. Falls Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/3/2011 (Month) (Day) (Year)
5. Ken Winter	<i>Kenneth K Winter</i>	Street: 1727 Broadway Ave City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/3/2011 (Month) (Day) (Year)
6. DAN HARTMAN	<i>Dan Hartman</i>	Street: 2538 CALUMET DR. City: SHEBOYGAN Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/3/2011 (Month) (Day) (Year)
7. Ashley Kohlthagen	<i>Ashley Kohlthagen</i>	Street: 6324 S. 12th St. 53083 City: Sheboygan Zip: WI	<input checked="" type="checkbox"/> Town Wilson <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	12/3/2011 (Month) (Day) (Year)
8. Amber Hiebing	<i>Amber Hiebing</i>	Street: 2235 Sunflower Ave City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/16/2011 (Month) (Day) (Year)
9. Robert Kaat	<i>Robert Kaat</i>	Street: 16394 1st Rd City: WALDO WI Zip: 53093	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waldo	12/28/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)

Certification of Circulator

I, Tim Hiebing, (certify): I reside at 1016 Somers Dr Sheboygan
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/12/2011
(Month) (Day) (Year)

Tim Hiebing
(Signature of Circulator)

Page No. 151883
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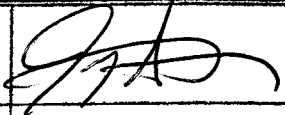
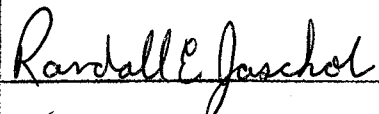
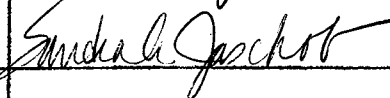
Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Jeremy S. Koch		Street: 714 S. 26 th St. City: Manitowoc Zip: 54220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MANITOWOC	12/8/2011 <small>(Month) (Day) (Year)</small>
2. RANDALL E. JASCHOB		Street: 1015 FIRST ST. City: KIEL WI. Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KIEL	01/10/2012 <small>(Month) (Day) (Year)</small>
3. Sandra A. Jaschob		Street: 1015 First St. City: Kiel Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KIEL	1/10/2012 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, RANDALL JASCHOB (Name of Circulator), (certify) I reside at 1015 FIRST ST. (Circulator's Residence - Street name and Number) KIEL (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)


(Signature of Circulator)

Page No. 151884
(Page No. - 151884)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sandra Fischer	<i>Sandra Fischer</i>	Street: 602 N. 14 th St City: Sheboygan WI Zip: WI 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/27/2011 (Month) (Day) (Year)
2. Roger H. Fischer Sr.	<i>R. H. Fischer</i>	Street: 602 N. 14 th St City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/27/2011 (Month) (Day) (Year)
3. Genrose Buettner	<i>Genrose Buettner</i>	Street: 1518 S 24 th St. City: Sheboygan WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/27/2011 (Month) (Day) (Year)
4. Teresa Weisfeld	<i>Teresa Weisfeld</i>	Street: 909 Ethan Allen Drive City: Howards Grove WI Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Howards Grove	12/5/2011 (Month) (Day) (Year)
5. Rodney Fischer	<i>R. Fischer</i>	Street: 602 N. 14 th St City: Sheboygan WI Zip: WI 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/5/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, WARREN S. WEISFELD, (certify): I reside at 909 ETHAN ALLEN DR HOWARDS GROVE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 2012
(Month) (Day) (Year)

Warren S. Weisfeld
(Signature of Circulator)

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151835

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Judith Leynse	<i>Judith Leynse</i>	Street: <i>N 2235 Ebberts Rd</i> City: <i>Oostburg</i> Zip: <i>53070</i>	<input checked="" type="checkbox"/> Town <i>Holland</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/13/2012</i> (Month) (Day) (Year)
2. Leynse Lester	<i>Lester M. Leynse</i>	Street: <i>N 2235 Ebberts Rd</i> City: <i>Oostburg</i> Zip: <i>53070</i>	<input checked="" type="checkbox"/> Town <i>Town Holland</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/13/2012</i> (Month) (Day) (Year)
3. Dan Leynse	<i>Dan Leynse</i>	Street: <i>N 2235 Ebberts Rd</i> City: <i>Oostburg</i> Zip: <i>53070</i>	<input checked="" type="checkbox"/> Town <i>Holland</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/13/2012</i> (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)

Certification of Circulator

I, Geoffrey P. Tolley, (certify): I reside at N645 MARINE DRIVE
(Name of Circulator) (Circulator's Residence - Street name and Number)
CEGAR GROVE, WI 53017 TOWN OF HOLLAND
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / *1* / *13* / *2012*
(Month) (Day) (Year)

Geoffrey P. Tolley
(Signature of Circulator)

Page No. (Official Use Only)
151886



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Karen Kiehl	Karen Kiehl	Street: N7053 Riverwoods Dr. City: Sheboygan Zip: 53083	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	11/16/2011 (Month) (Day) (Year)		
2. Greg Kiehl	Greg Kiehl	Street: N7053 Riverwoods Dr. City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	11/16/2011 (Month) (Day) (Year)		
3. ARTHUR W. KIEHL	Arthur W. Kiehl	Street: 1602 Black Walnut Trail City: SHEBOYGAN Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/18/2011 (Month) (Day) (Year)		
4. Mary Lou Kiehl Mary Lou Kiehl	Mary Lou Kiehl	Street: 1602 Black Walnut Trail City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/18/2011 (Month) (Day) (Year)		
5. BARB SINDELAR	Barb Sindehar	Street: 5023 Park-Ridge City: Sheboygan WI Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	11/23/2011 (Month) (Day) (Year)		
6. KURT KELLNER	Kurt Kellner	Street: N7164 Riverwoods Dr City: Sheboygan Zip: 53083	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	12/28/2011 (Month) (Day) (Year)		
7. DAVID NOEL	David Noel	Street: 2205 S 21 City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	1/11/2012 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		

Certification of Circulator

I, GREG KIEHL, (certify): I reside at N7053 Riverwoods Dr Sheboygan
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Greg Kiehl
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Garrett J Klemme	<i>[Signature]</i>	Street: 2212 New Jersey Ave. City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GK Sheboygan	11/17/2011 (Month) (Day) (Year)
2. Ashley Nicole Wiedmeyer	<i>[Signature]</i>	Street: 2212 New Jersey Ave City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GK Sheboygan	11/17/2011 (Month) (Day) (Year)
3. Elizabeth Weinhold	<i>[Signature]</i>	Street: 829 Fondulac Ave City: Sheboygan Falls Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GK Sheboygan Falls	12/12/2011 (Month) (Day) (Year)
4. Brittany Adams	<i>[Signature]</i>	Street: 3203 N. 2nd St. City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GK Sheboygan	1/9/2012 (Month) (Day) (Year)
5. Tracy Kilgore	<i>[Signature]</i>	Street: 3203 N 2nd St City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GK Sheboygan	1/10/2012 (Month) (Day) (Year)
6. Daniel Lopar	<i>[Signature]</i>	Street: 2121 North 23rd Street City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GK Sheboygan	1/13/2012 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Garrett J Klemme (Name of Circulator) certify: I reside at 2212 New Jersey Ave (Circulator's Residence - Street name and Number) City of Sheboygan (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

151888



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Krista Vreeke	<i>Krista Vreeke</i>	Street: 2109 N. 29th St. City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/7/2011 (Month) (Day) (Year)
2. Nicole Hendrikse	<i>Nicole Hendrikse</i>	Street: 520 Center Ave. City: Oostburg WI Zip: 53070	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oostburg <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
3. Terry Hendrikse	<i>Terry Hendrikse</i>	Street: 520 Center Ave City: Oostburg WI Zip: 53070	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oostburg	12/15/2011 (Month) (Day) (Year)
4. Tim Temby	<i>Tim Temby</i>	Street: 2538 N. 10th St. City: Sheboygan, WI Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/23/2011 (Month) (Day) (Year)
5. Ian Temby	<i>Ian Temby</i>	Street: 2538 N. 10th St City: Sheboygan, WI Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/23/2011 (Month) (Day) (Year)
6. Eric Burkard	<i>Eric Burkard</i>	Street: 1364 N 60th St City: Milwaukee, WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/25/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Lyn A. Jungbluth, (certify): I reside at 2538 No. 10th St. Sheboygan, WI
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
 (Month) (Day) (Year)

Lyn A. Jungbluth
 (Signature of Circulator)

Page No. (Official Use Only)
 # 151889

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Randal A. Gleason	<i>Randal A. Gleason</i>	Street: 2629 North 8 th Street City: Sheboygan, WI. Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan, WI.	11/19/2011 (Month) (Day) (Year)
2. Judi Russell	<i>Judi Russell</i>	Street: 2031 N. 7 th City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan, WI.	11/23/2011 (Month) (Day) (Year)
3. James Russell	<i>James Russell</i>	Street: 2031 N 7 th ST City: Sheboygan Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan, WI.	11/23/2011 (Month) (Day) (Year)
4. James M. Glodowsky	<i>James M. Glodowsky</i>	Street: 611 N. Walker St #205 City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan, WI.	11/23/2011 (Month) (Day) (Year)
5. PAUL HEIER	<i>Paul Heier</i>	Street: 14393 CTRY E City: WAUPACA Zip: 54981	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waupaca, WI.	11/24/2011 (Month) (Day) (Year)
6. Beth Gleason	<i>Beth Gleason</i>	Street: 2629 N 8 th St City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City sheboygan	11/27/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Randal A. Gleason, (certify): I reside at 2629 North 8th Street Sheboygan, WI.
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the respective residences given support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 03 / 2012
(Month) (Day) (Year)

Randal A. Gleason
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10. of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GARY STERK	<i>Gary Sterk</i>	Street: 1630 N 34 ST City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SHEBOYGAN	12/1/2011 (Month) (Day) (Year)
2. RANDY GRAEF	<i>Randy Graef</i>	Street: 1225 N. 15th ST. City: SHEBOYGAN Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SHEBOYGAN	12/1/2011 (Month) (Day) (Year)
3. Barbara Thieme	<i>Barbara Thieme</i>	Street: 1703 N. 22nd St City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/1/2011 (Month) (Day) (Year)
4. Patrick T. Gerson	<i>Patrick T. Gerson</i>	Street: 1124 Broad Way City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/4/2011 (Month) (Day) (Year)
5. Vanni L. Brandl	<i>Vanni L Brandl</i>	Street: 2 Ashwood Dr City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/6/2011 (Month) (Day) (Year)
6. Joseph Brandl	<i>Joseph Brandl</i>	Street: 2 Ashwood Dr. City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/6/2011 (Month) (Day) (Year)
7. Ben Waterman	<i>Ben Waterman</i>	Street: 637 N. Evans St. City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/8/2011 (Month) (Day) (Year)
8. Laura Waterman	<i>Laura Waterman</i>	Street: 632 N. Evans St City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/8/2011 (Month) (Day) (Year)
9. Vinita G. Trumm	<i>Vinita G. Trumm</i>	Street: 1718 KARR LANE City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/16/2011 (Month) (Day) (Year)
10. Nicole T	<i>Nicole Trumm</i>	Street: 2222 Sunflower Ave City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Patrick J. Dugan (Name of Circulator) (certify): I reside at 20 E. Fremont St (Circulator's Residence - Street name and Number) Kiel, Wis. (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 16 / 2011
(Month) (Day) (Year)

Patrick J. Dugan
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. TRACY HEMSLHMEYER		Street: 1230 SOUTH 10TH ST. City: SHEBOYGAN Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/27/2011 (Month) (Day) (Year)
2. Kevin Moe		Street: 2611 S 10th St City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/27/2011 (Month) (Day) (Year)
3. JOSE DIAZ		Street: City: WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/27/2011 (Month) (Day) (Year)
4. Brad Gieseke		Street: 3602 N 21st City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/27/2011 (Month) (Day) (Year)
5. Brian Hart		Street: 1838 N 7th ST. City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/03/2011 (Month) (Day) (Year)
6. Joan Gargaret Hart		Street: 1838 N 7th St City: Sheboygan Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/03/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Calvin Miner, (certify): I reside at 2936 N 24 ST Sheboygan
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10. of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Bridges	<i>[Signature]</i>	Street: 2221 Cooper Ave City: Sheboygan Zip: 53083	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/30/2011 (Month) (Day) (Year)
2. James A. Keitel	<i>[Signature]</i>	Street: 16324 Lak Chapel Rd City: Kiel Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	12/13/2011 (Month) (Day) (Year)
3. WILLARD HOUSEYE	<i>[Signature]</i>	Street: 2810 SOUTH 11TH ST City: SHEBOYGAN Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SHEBOYGAN	12/13/2011 (Month) (Day) (Year)
4. Scott Stebnitz	<i>[Signature]</i>	Street: N3415 Scenic Drive City: Cascade WI Zip: 53011	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cascade	12/13/2011 (Month) (Day) (Year)
5. Gary Niemann	<i>[Signature]</i>	Street: 1801 ELM AVE City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/16/2011 (Month) (Day) (Year)
6. Kenneth Meinnert	<i>[Signature]</i>	Street: W3879 Cty. Rd. J City: Sheboygan Falls Zip: 53085	<input checked="" type="checkbox"/> Town Sheboygan <input type="checkbox"/> Village Falls <input type="checkbox"/> City Falls	12/16/2011 (Month) (Day) (Year)
7. Sue Hodas	<i>[Signature]</i>	Street: 1447 Parkview Terrace #25 City: Sheboygan Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/18/2011 (Month) (Day) (Year)
8. PAUL R. NICKEL	<i>[Signature]</i>	Street: 1720 WI AVE City: SHEBOYGAN Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	12/21/2011 (Month) (Day) (Year)
9. Patrick J. Dugan	<i>[Signature]</i>	Street: 20 E Fremont St City: Kiel Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kiel	12/24/2012 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Patrick J. Dugan (Name of Circulator) (certify): I reside at 20 E. Fremont St. (Circulator's Residence - Street name and Number) Kiel Wis. (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amber Brown	<i>Am</i>	Street: 1408 N. High Point Rd City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City W.F. Jr	12/1/2011 (Month) (Day) (Year)
2. WILLIAM RILEY	<i>William Riley</i>	Street: 124 North 2nd Street City: Muscola WI Zip: 53573	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muscola W.F. Jr	12/1/2011 (Month) (Day) (Year)
3. Pearl Lee	<i>Pearl Lee</i>	Street: 2504 Branch St #5 City: Middleton Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton W.F. Jr	12/10/2011 (Month) (Day) (Year)
4. Heather Strang	<i>Heather Strang</i>	Street: 406 David Circle City: Arena WI Zip: 53503	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ARENA W.F. Jr	12/10/2011 (Month) (Day) (Year)
5. Shere Schuen	<i>Shere Schuen</i>	Street: 147 Vilas Hubbard Pkwy City: Lodi WI Zip: 53555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lodi W.F. Jr	12/10/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, William Riley Jr. (Name of Circulator), (certify): I reside at Middleton Village (Circulator's Residence - Street name and Number) Middleton (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012 (Month) (Day) (Year) William P. Riley Jr. (Signature of Circulator)

Page No. (Official Use Only)

151894

Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. JAMES S. HUTCHSON	<i>James S. Hutchson</i>	Street: 302 MAIN ST City: HIGHLAND Zip: 53543	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HIGHLAND	1/11/2012 (Month) (Day) (Year)	Email Phone (6
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, James Fields, (certify): I reside at 6870 Hwy P (Circulator's Residence - Street name and Number)
(Name of Circulator) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 15 / 2012
(Month) (Day) (Year)

James Fields
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MATTHEW L. JOSEPH	<i>Matthew L. Joseph</i>	Street: E9010 County Rd. PF City: Prairie du Sac Zip: 53578	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Honey Creek	11/16/2011 (Month) (Day) (Year)
2. Linda L. Jackson	<i>Linda L. Jackson</i>	Street: 6034 Sawney Ct. City: Oregon Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	12/21/2011 (Month) (Day) (Year)
3. Sharon Wenzel	<i>Sharon Wenzel</i>	Street: Wenzel Rd 54236 City: Prairie du Sac Zip: 53578	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Honey Creek	12/28/2011 (Month) (Day) (Year)
4.		Street: Wenzel Rd City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, GAIL JOSEPH, (certify): I reside at E9010 Cty Rd PF Town of Honey Creek
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/16/2012
(Month) (Day) (Year)

Gail Joseph
(Signature of Circulator)

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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Peter Selbo	<i>[Signature]</i>	Street: 606 S. Dickinson City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/30/2011 (Month) (Day) (Year)
2. Wayne Coleman	<i>[Signature]</i>	Street: 936 Rockefeller Ln City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/30/2011 (Month) (Day) (Year)
3. Shakita James	<i>[Signature]</i>	Street: 1933 Northport Dr. #3 City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	12/6/2011 (Month) (Day) (Year)
4. Mike Lorry	<i>[Signature]</i>	Street: 312 Laurel Ln City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City maple bluff	12/10/2011 (Month) (Day) (Year)
5. Jim F. Nisley	<i>[Signature]</i>	Street: 1805 Helena St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Maple Bluff Madison	12/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, WILTON E. MASON *[Signature]*, (certify): I reside at 1809 Helena St Madison WI 53704
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 15 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jane CLARK		Street: 6101 S. Highlands Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/21/2011 (Month) (Day) (Year)
2. Trista Myers		Street: 1221 Bay Ridge Rd City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/24/2011 (Month) (Day) (Year)
3. Linda Farney		Street: 205 CORA ST City: DeForest Zip: 53532	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DeForest	11/26/2011 (Month) (Day) (Year)
4. LaDonna Niemann		Street: 1313 Bay Ridge Rd City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/26/2011 (Month) (Day) (Year)
5. BARTON H. NIEMANN		Street: 1313 BAY RIDGE RD City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/26/2011 (Month) (Day) (Year)
6. Mario J Blandino		Street: 4607 RAVEN RD City: Cottage Grove Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/26/2011 (Month) (Day) (Year)
7. Frances H. Spears		Street: 101 FROSTWOODS BL #214 City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/28/2011 (Month) (Day) (Year)
8. GEORGE H. WEBER George H. Weber		Street: 1205 Bay Ridge Rd. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/26/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Steve Shirshac
(Name of Circulator)

, (certify): I reside at 1217 Ellen Ave.
(Circulator's Residence - Street name and Number)

city of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Ambrose Hornung	<i>Ambrose Hornung</i>	Street: 1214 ELLEN AVE City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/20/2011 (Month) (Day) (Year)	Email Phone ()
2. Donna Strangstalen	<i>Donna Strangstalen</i>	Street: 1306 ELLEN AVE. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/20/2011 (Month) (Day) (Year)	Email Phone ()
3. Larry Strangstalen	<i>Larry Strangstalen</i>	Street: 1306 ELLEN AVE. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/20/2011 (Month) (Day) (Year)	Email Phone ()
4. Peter H. Netezen	<i>Peter H. Netezen</i>	Street: 1122 ELLEN AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/26/2011 (Month) (Day) (Year)	Email Phone ()
5. GANELL McCAIN	<i>Ganell McCain</i>	Street: 1118 ELLEN AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/24/2011 (Month) (Day) (Year)	Email Phone ()
6. Galea McCain	<i>Galea McCain</i>	Street: 1118 ELLEN AVE City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/26/2011 (Month) (Day) (Year)	Email Phone ()
7. Therese A Taylor	<i>Therese A. Taylor</i>	Street: 1114 ELLEN AVE City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/26/2011 (Month) (Day) (Year)	Email Phone ()
8. Carley Rae Barnes	<i>Carley Rae Barnes</i>	Street: 1026 Bay Ridge Rd City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/26/2011 (Month) (Day) (Year)	Email Phone ()
9. Sean D. Hest	<i>Sean D. Hest</i>	Street: 1209 Bay Ridge Rd City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/26/2011 (Month) (Day) (Year)	Email Phone ()
10. LARRY W. Hill	<i>Larry W. Hill</i>	Street: 1213 Bay Ridge Rd City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/26/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Steve Shirshac, (certify): I reside at 1217 Ellen Ave. City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Steve Shirshac
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Seth Jensen	<i>Seth Jensen</i>	Street: 1218 E. Mifflin City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Larry Miller	<i>Larry Miller</i>	Street: 1110 Ashishin Trl NE City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/17/2011 (Month) (Day) (Year)
3. Daniel Cauce	<i>Daniel Cauce</i>	Street: 528 Ashwood #113 City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/24/2011 (Month) (Day) (Year)
4. Melva Schmeiser	<i>Melva Schmeiser</i>	Street: 5017 Open Wood Way City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/1/2011 (Month) (Day) (Year)
5. Gregory Gube	<i>Gregory Gube</i>	Street: 3021 Winton Way City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	12/1/2011 (Month) (Day) (Year)
6. JEFF MARTIN	<i>Jeff Martin</i>	Street: 621 CHATHAM TER City: Verona Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERONA	12/1/2011 (Month) (Day) (Year)
7. Lorna Goshman	<i>Lorna Goshman</i>	Street: 6909 Pilgrimi Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/01/2011 (Month) (Day) (Year)
8. MARK ZIMMER	<i>Mark Zimmer</i>	Street: 7405 Lindemann Trl City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	12/2/2011 (Month) (Day) (Year)
9. Julie Zimmer	<i>Julie Zimmer</i>	Street: 7405 Lindemann Trl City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/9/2011 (Month) (Day) (Year)
10. Judith Heil	<i>Judith Heil</i>	Street: 7023 HAVENSWOOD DR City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	12/10/2011 (Month) (Day) (Year)

Certification of Circulator

I, KATE NOLAN, (certify): I reside at 5700 TEUCRISEH AVE MONONA, WI,
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 16 / 2012
(Month) (Day) (Year)

Kate Nolan

(Signature of Circulator)

Page No. (Official Use Only)

#151300

Circulator

PH

Ex